

Laboratory Test:
Chlamydia (CT)/Gonorrhea (GC)/Trichomonas (Trich)
Nucleic Acid Amplification Testing (NAAT)
Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings

The following subjective criteria meet the requirement for an **STD ERRN** to collect vaginal, pharyngeal, and rectal, or urine NAAT by standing order. The following subjective criteria meet the requirement for an **RN** to collect urine NAAT (if available) by standing order.

- Urethral or Vaginal discharge
- Dysuria
- Genital pruritus
- Asymptomatic but reports sexual exposure via oral, vaginal, penile or anal intercourse
- New or multiple sex partners
- Lack of condom use
- Anonymous sex
- Reports contact to: Chlamydia (CT), Gonorrhea (GC), Non-Gonococcal Urethritis (NGU), Pelvic Inflammatory Disease (PID), Mucopurulent Cervicitis (MPC), or Trichomonas vaginalis (TV)

Objective Findings

1. clients may have several of the above listed subjective findings and be considered at risk for infection. Sexual exposure must be within the previous 60 days under this standing order
2. asymptomatic clients at risk who report exposure greater than 60 days should be evaluated individually and testing ordered by a MD or medical provider
3. CT/GC/Trich NAAT may be ordered per local health department policy based on the availability of testing through agency's laboratory or contracted reference laboratory. The NCSLPH currently does not support CT/GC/Trich NAAT screening

Plan of Care

Implementation

A registered nurse or STD ERRN employed or contracted by local health department may order a CT/GC/Trich NAAT for any oral, vagina, urethral, urine or anal specimen collected by the STD ERRN or other medical provider.

Note: Local health departments should list which specimens are available and where each specimen type is to be processed. Local policy determines laboratory testing availability and selection.

Nursing Actions

A. Specimen Collection by STD ERRN:

1. Vaginal swab specimens (clinician-collected) should be collected as follows:
 - a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, the swab is laid down, or the swab is dropped, use a new NAAT Vaginal Swab Specimen Collection Kit
 - b. remove the swab
 - c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft
 - d. carefully insert the swab into the vagina about 2 inches (5 cm) past the introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab (The blind sweep method can be used for both pregnant and non-pregnant clients. When pregnancy has been ruled out the same specimen can be collected during

the speculum exam. PREGNANT or potentially pregnant clients are to receive only blind swept specimen collection WITHOUT a speculum)

- e. withdraw the swab without touching the skin
- f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Vaginal Swab Specimen Collection Kit
- g. immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label
- h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Vaginal Swab Specimen Collection Kit
- i. tightly screw the cap onto the tube

Note: Vaginal specimens are equivalent to endocervical specimen; therefore endocervical specimens are no longer required or recommended for NAAT testing.

2. Vaginal swab specimens (patient-collected) should be collected as follows:

- a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, the swab is laid down, or the swab is dropped, request a new NAAT Vaginal Swab Specimen Collection Kit
- b. remove the swab
- c. hold the swab in your hand, placing your thumb and forefinger in the middle of the swab shaft
- d. carefully insert the swab into your vagina about two inches inside the opening of the vagina and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the walls of the vagina so that moisture is absorbed by the swab
- e. withdraw the swab without touching the skin
- f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, request a new NAAT Vaginal Swab Specimen Collection Kit
- g. immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label
- h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft
- i. tightly screw the cap onto the tube
- j. Return the tube as instructed by your doctor, nurse, or care-provider.

Note: Patient collected specimens are recommended only for asymptomatic clients with no known risk.

3. Urine specimens are obtained by the following procedure:

- a. the patient should not have urinated for at least 1 hour prior to specimen collection
- b. direct patient to provide a first-catch urine (approximately 20 to 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution
- c. remove the cap and transfer 2 mL of urine into the urine specimen NAAT transport tube using the disposable pipette provided. The correct volume of urine has been added when the fluid level is between the black fill lines on the urine specimen NAAT transport tube label
- d. re-cap the urine specimen transport tube tightly

Note: Urine specimens are equivalent to urethral specimens. Urethral specimens are no longer recommended for NAAT testing in males or females.

4. Pharyngeal swab specimens (clinician-collected) should be collected as follows:
 - a. partially peel open the swab package. Do not touch the soft tip or lay the swab down. If the soft tip is touched, laid down, or dropped, use a new NAAT Specimen Collection Kit
 - b. remove the swab
 - c. hold the swab, placing your thumb and forefinger in the middle of the swab shaft
 - d. carefully insert the swab into the back of the throat and gently swab for 10 seconds, if the client can tolerate
 - e. withdraw the swab without touching the teeth, gums or buccal mucosa
 - f. while holding the swab in the same hand, unscrew the cap from the tube. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Specimen Collection Kit
 - g. immediately place the swab into the transport tube, so that the tip of the swab is visible below the tube label
 - h. carefully break the swab shaft at the score line against the side of the tube and discard the top portion of the swab shaft. Do not spill the contents of the tube. If the contents of the tube are spilled, use a new NAAT Pharyngeal Swab Specimen Collection Kit
 - i. tightly screw the cap onto the tube

Note: Some NAAT brands can give false positive Neisseria results from pharyngeal specimens. Always adhere to the manufacturer's directions and use laboratory testing as an adjunct to clinical findings.

5. Rectal swab specimens (clinician-collected) should be collected following the manufacturer's instructions.

B. Interpretation of Lab Findings

1. Positive - C. trachomatis RNA detected and/or N. gonorrhoeae RNA detected and/or Trichomonas Vaginalis RNA detected
Note: Positive Trichomonas results ALONE from ONLY pharyngeal or rectal sites should be disregarded for treatment. If Trichomonas is identified in urine, urethral or vaginal specimen, treatment should be provided.
2. Negative - C. trachomatis RNA not detected and/or N. gonorrhoeae RNA not detected and/or Trichomonas vaginalis RNA not detected
3. Equivocal - Indeterminate (specimen should be repeated)

Criteria for Notifying the Medical Provider

- acute abdominal tenderness or rebound tenderness on exam
- adnexal tenderness on exam
- cervical motion tenderness on exam
- sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
- scrotal pain or swelling
- oral temperature $\geq 101^{\circ}$ F
- contact the medical director or medical provider if there is any question about whether to carry out any provision of the standing order

Follow Up

- Treatment should occur within 14 days of positive laboratory result
- The agency policy should specify that staff make at least three attempts to provide treatment to all clients reported with untreated Gonorrhea and Chlamydia.
- Assign all disease reports for Gonorrhea and Chlamydia to the State Disease Registrar in NC EDSS within 30 days of diagnosis with or without treatment.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(a)(e)(f)&(8)(c)